

PGDP KEVIL DMC MATERIAL TRANSFER FORM

To ensure inclusion in the correct project file, this form MUST be attached to materials being transferred to the DMC. Please fill in all blanks in top of form. Use n/a if not applicable.

Document Title: <u>SmFL99-13</u> <u>10/03/99-10/16/99</u>		Document Date: <u>10-3-99</u>	
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Author/Organization: <u>Jana White</u>		Facility/WAG/SWMU:	
Project Program/Title: <u>Sample Management</u>		Document Prep. Checklist Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Clearance Form: (when required) Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Keywords/Identifiers/ "Buzz Words"			
1. <u>SmFL99-13</u> 2. <u>Onsite Results</u> 3. <u>Paragon Results</u> 4. <u>10/03/99-10/16/99</u> 5. _____ 6. _____			
* QA Record: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Submitted by: <u>Jana White</u> Date: <u>2-3-00</u> Phone: <u>5185</u>			

*Quality Assurance (QA) Record is a completed document that furnishes evidence of the quality of items and/or activities affecting quality.

PORTION BELOW TO BE COMPLETED BY DMC STAFF

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FG <u>RR</u> PJ/RS <u>000IT</u> Item # <u>0077</u>	

Indexed by: CB Date: 2/2/00

PGDP EM & EF RECORDS TRANSMITTAL LIST

Division/Department: E & TS

Owner: Jana White

Date: 02/08/00

DMC Location: ☐ Cabinet

☐ Shelf

☒ Box

RECORD COPY

DOCUMENT TITLE

DATE DOC# CODE

SMFL99-13
ONSITE RESULTS
PARAGON RESULTS
10/03/99-10/16/99

RR000IF-0077

